

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	1					
3	2					
4	0					
5	0					
6	1					
7	1					
8	0					
9	0					
10	1					
11	1					
12	2					
13	0					
14	0					
15	0					
16	0					
17		/				
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48			/			
49			/			
50			/			
TOTAL IND.			6			
TOTAL DEP.			27			
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						